

SUCCESSFUL MANAGEMENT OF PCOS BY SHATPUSHPA CHOORNA AND SHATPUSHPA MATRABASTI – A CASE STUDYDiksha Pandharipande¹, Seema Mehere²¹PG Scholar, Prasuti Tantra and Stri Roga department²HOD & Professor, Prasuti Tantra and Stri Roga department

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**ABSTRACT**

Polycystic Ovarian Syndrome (PCOS) is the most common endocrinopathy in women with reproductive age, resulting from insulin resistance. This results in adverse effect on multiple organ system and may results in anovulation, AUB, chronic heart disease, hypertension, hyperlipidemia, infertility. According to ayurvedic concept it is correlated with Artavkshay. According to Ayurveda PCOS is a disorder which involves the three doshas, dhatus like Rasa, Rakta and Medas. The strotas involved in this condition manifests features such as anartava, vandhyatva, pushpghni (anovular bleeding), here representing a case study of 19 yrs female patient who came to opd with c/o irregular menses, delayed menses, amenorrhoea since 2 month 12 days, USG s/o Polycystic ovarian morphology. She had tried numerous allopathic treatment without success. With 6 months of AYURVEDIC medicine and PANCHAKARMA, significant improvement was seen.

Keywords: *PCOS, shatpushpa, ayurvedic regimen***INTRODUCTION**

Polycystic Ovarian Syndrome, or PCOS, is a complex illness with metabolic and endocrine compo-

nents. Another name for it is Stein-Leventhal Syndrome. Worldwide, women in the reproductive age

range are affected by the 4% to 20% prevalence rate of PCOS. PCOS symptoms include irregular menstruation, anovulation, infertility, obesity, excessive hair growth, and acne. It is a complex condition that affects both mental stability and physical looks, lowering a woman's self-esteem. A number of illnesses have been brought on by changing eating habits, stress, impatience, and lifestyle choices that have a detrimental effect on health. There is an essential necessity of Ayurveda to mend up the health loss and prevent future deuteriation. One well-known example of a lifestyle disorder that requires Ayurvedic adjustments is PCOS. Ayurvedic books from antiquity mention many herbs like Artavdushti, Anartava, Artavkshaya, Yoni vyapads, Vandhyatwa, Pushpagni, Jataharini, Sthaulya, etc. that are linked to certain PCOS symptoms. The important elements in treating and preventing PCOS, according to Aharvidhi Vidhan, include dietary practices, yoga, pranayama, including Pathya, avoiding Apathya and Pragnyaparaadha, and adhering to paricharyas. The goal of the study is to highlight the complexity of PCOS using a comprehensive Ayurvedic approach in order to develop a clear treatment protocol and prevent future recurrence.

OBJECTIVE : To assess the effectiveness of the *shatpushpa choorna and shatpushpa basti* on polycystic ovarian morphology that is easy to perform and cost-effective.

METHODOLOGY : *Shatpushpa basti* was administered for 7 days in one month and 6 cycles of *basti* for the duration of a total of 6 months were given along with oral administration of *Shatpushpa choorna*.

CASE REPORT

19 yrs. female patient who came to opd c/o irregular menses, delayed menses, amenorrhoea for 2 month 12 days with USG S/O polycystic ovarian morphology. She had tried numerous allopathic treatments without success.

Chief complaints –

- Irregular menses since menarche
- Delayed menses since menarche
- Amenorrhoea for 2 month 12 days

Medical history – k/c/o PCOS

Surgical history – No surgical history

Family history – No relevant family history.

Menstrual history –

Menarche at age of 13 years

Past menstrual history- Irregular cycle of 55-60 days

Delayed menses

Amenorrhoea

Marital status – Unmarried

Obstetrical history – G0P0A0L0D0

Coital history – Nil

Per Abdomen – SOFT, non-tender

Personal history

Diet – Mixed

Appetite – Normal

Micturition – normal

Bowel – Normal

Allergy – Nil

Addiction – Nil

Genitourinary Examination

External examination – vulva normal

No excoriation

Per speculum – Not done as patient was unmarried

Per Vaginal – Not done as patient was unmarried

Investigations :

USG -25/5/23 –

The uterus measures 6*2.3 cm normal in size, shape and position.

Endometrial thickness – 5.1mm

Ovaries – both ovaries bulky in size and show multiple tiny peripheral follicles.

Right ovary – 4.6*2.5*3.2. Vol 20.1cc

Left ovary – 3.8*1.7*2.6cms. vol 9.5 cc

s/o – polycystic ovarian morphology.

Total T3T4TSH-(5/6/23)

(T3)- 1.12ng/ dl

(T4)- 8.61 ug/dl

(TSH)- 1.812uIU/ml

HORMONAL ASSAY- (5/6/23)

SR. FSH- 3.26mIU/ml

SR. LH- 10.91mIU/ml

SR. PROLACTIN- 19.93ng/ml

SR. insulin- 7.84

SR. TESTESTERONE- 0.895ng/dl

CBC – (25/5/23)

Hb – 13.1gm %

WBC – 6670/cumm

Platelet – 2.74lakhs/ cumm

Materials and Methods:

Study Setting:

The study was conducted at Dr G. D. POL Foundation Y.M.T. Ayurvedic Medical college &Hospital Kharghar, Navi Mumbai.

METHODOLOGY

Shatpushpa regimen includes choorna and panchkarma.

Abhyantar Chikitsa (internal medicine)

–Patient was given ShatpushpaChoorna12gm (according to body weight- heen matra-weight 46.2kg) orally daily for chewing with Koshnajala preferably in brahma muhurta.

At the first hunger pt advised to eat rice with cow milk without any salt.

After that pt advised to follow satvik diet and rules of general dincharya as described in Ayurveda.

PANCHAKARMA (Basti chikitsa) –

Patient was given Shatpushpa tail matrabasti 60 ml for 7 days from 20th day of menses for consecutive 6 menstrual cycles.(even if the cycle is irregular 20th day was selected)

Shatpushpa tail matrabasti 60 ml * 7 days

POORVAKARMA(PRE – PROCEDURE)

1. Informed consent in writing.
2. The entire procedure was explained to the patient.

3. The patient is allowed to eat before the basti
4. The patient is made to get on to the *dhroni* and is given *snehan* with *Tiltail* and mild sudation is done with *Dashmoola kwath*.

PRADHAN KARMA

1. The patient is made to lie comfortably in the left lateral position with her left leg extended or stretched out and right leg folded in front and the left hand kept beneath the head.
 2. The anal region is well lubricated with *Tilataila*.
 3. A very soft simple rubber catheter is inserted in the anus.
 4. *Shatpushpa oil* is put into the rectum by a syringe enema pot that is attached to a rubber catheter.
- Day1to 7 *Shatpushpa tail* 70ml is administrated .

Paschatkarma (After procedure):

1. The patient was advised to sleep in the prone position for 20 mins.
2. Tapping of the hips and thighs was done.
3. The patient instructed to strictly follow the diet

Duration- 6 months

Pathya- apathya-

The patient was instructed to change their eating habits, stay away from junk food, and have a high fibre diet . It was advised that she perform daily 30 min brisk walk, pranayama, Suryanamaskar, Pavanamuktasana, Pashchimottasana and Bhujangasana to the best of her ability.

Result: Patient took treatment for 6 months.

Assesment

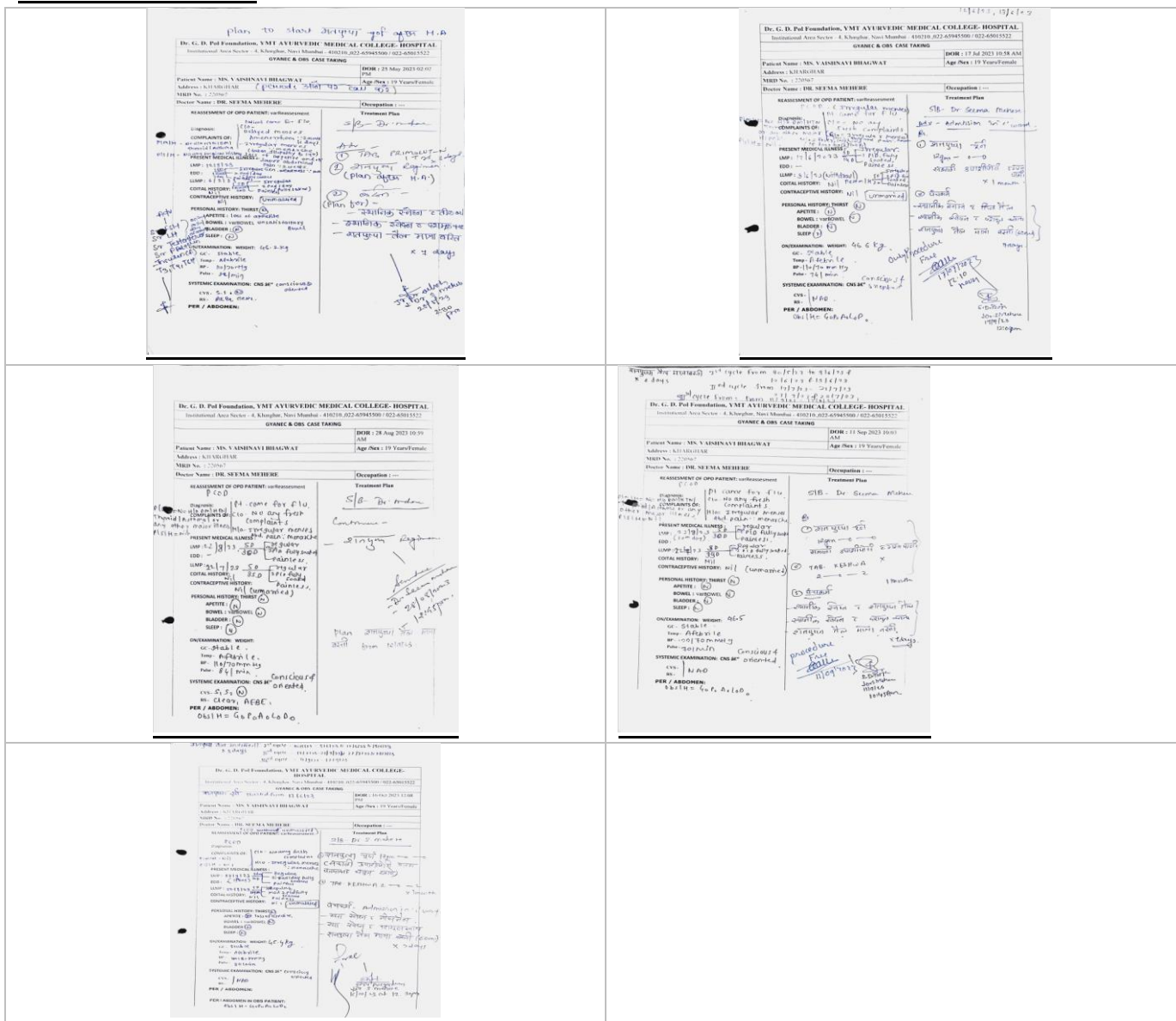
SR. NO	ASSESSMENT CRITERIA	BEFORE TREATMENT	AFTER TREATMENT
1	Interval bet. Two cycles	Above 55 - 60 days	28-30 days
2	Quantity of menstrual blood	1 pad/day (half soaked)	2-3 pad/ day (fully soaked)
3	Hairfall	+	reduced
4	Pain during menses	Manses are painful but no need of analgesics	No pain

RESULT OF INVESTIGATION-

INVESTIGATION	BEFORE TREATMENT	AFTER TREATMENT
USG	Endometrial thickness – 5.1mm	Endometrial thickness- 6.9mm
	Ovaries – both ovaries bulky in size and show multiple tiny peripheral follicles.	Both ovaries are normal in size, shape and echotexture
	Right ovary 4.6*2.5*3.2. Vol 20.1cc	Right ovary- 2.7*1.9cm Vol-9cc
	Left ovary – 3.8*1.7*2.6cms. vol 9.5 cc	Left ovary- 2.8*1.6cm Vol-7cc

BEFORE TREATMENT-

AFTER TREATMENT-



CASE PAPER RECORD OF PATIENT-

(6 month of shatpushpa choorna with shatpushpa oil matrabasti)

DISCUSSION

Menstrual irregularities are equated to PCOS in Ayurveda. It is the condition that affects the vata, pitta, kapha doshas as well as rasa , Medadhatu and artav updhatu. Therefore, in this case, the patient experienced relief from menstrual irregularities after 6 months of treatment of shatpushpa regimen. Shatpushpa is a ritupravartini and yoni shukravishodhani, due to its ushnatikshnagunas. Because of the same

reason it regularizes hormones which are pitta dosha karya. According to modern view, shatpushpa might be improving the insulin sensitivity and helping the conversion from androgen to estrogen, turns into ovulation. After entering pakwashaya or guda, basti begins to work on entire body. Guda is described as a sharirmula with siras and dhamani that cover the entire body. Apanavata is normalized by Bastidravayas, enabling normal functioning. The enteric nervous

system and CNS are similar, when basti enters GIT, it activates the ENS and produces stimulus to the CNS. These signals activate the endorphin, which limits the release of GnRH. As a result, basti in PCOS modulates the HPO axis and normalizes the menses.

CONCLUSION

The cumulative effect of shatpushpa regimen is highly significant in LH, FSH, OVULATION AND INTERMENTRUAL PHASE. Due to its recurrence, PCOS continues to be one of the main issues in reproductive medicine. There were numerous variables that affected the natural menstruation in this case, but with proper treatment and systemic management, the case was successful. So, we should concentrate on many causes and aetiologies that have been discussed in samhitas and apply them in the current situation.

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